

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 281

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 2084  
Local Registrar's No. 212

PLACE OF DEATH

County Marijuana  
District m 3  
Town Mesa  
Or City

No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Rachel Lee Noble

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race ☒ White ☐ Indian ☐ Black ☐ Chinese ☐ Mexican ☐  
SINGLE ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

DATE OF BIRTH Dec 25 1882  
(Month) (Day) (Year)

AGE 65 yrs. 25 mos. 25 days hrs., or min.  
If less than 1 day

OCCUPATION  
(a) Trade, profession or particular kind of work House Wife  
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Wah

NAME OF FATHER Andrew Lee

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Charlotte Dimwood

BIRTHPLACE OF MOTHER (State or country) England

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) B Noble

(Address) Mesa

PLACE OF BURIAL OR REMOVAL Mesa Cemetery DATE OF BURIAL OR REMOVAL Jan 21 1917

UNDERTAKER A. A. Burton & Sons ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1917  
(Month) (Day) (Year)

I hereby certify, that I attended deceased on Jan 20 1917 to Jan 20 1917; that I last saw her alive on Jan 20 1917, and that death occurred on the date stated above at 11 A.M. The DISEASE or INJURY causing Death was as follows: Dilated Heart

(Duration) Don't know yrs. mos. days  
Was disease contracted in Arizona? Yes  
If not, where? Coughing

CONTRIBUTORY Coughing  
(Duration) sudden yrs. mos. days  
(Signed) J. E. Drane

(Address) Mesa  
\*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE  
At place of death 22 yrs. 2 mos. 2 ds. In Arizona 22 yrs. 2 mos. 2 ds.

Former or Usual Residence Wah  
Filed 1-21 1917

Local Registrar J. E. Drane  
County Registrar A. B. Nichols  
Filed 2-20 1917

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.